


## CHARTER & EXCURSION CARRIERS

### ANNUAL SAFETY REPORT

CH-\_\_\_\_\_ ES-\_\_\_\_\_ C-\_\_\_\_\_ MC-\_\_\_\_\_ DOT-\_\_\_\_\_

	Full name and address of Company
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Correct name and address, if different than shown

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
**for the**  
**YEAR ENDED DECEMBER 31, 2007**

**Address inquiries concerning this Annual Safety Report to:**

**COMPANY CONTACT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**The company must notify the commission, in writing, of any changes to the above information.**

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL	For Commission Use Only																					
___ Check ___ Money Order ___ AMEX ___ Visa ___ MasterCard ___ Discover	Credit Card Authorization #: _____																					
Credit Card Number:	Expiration Date Month / Year																					
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<b>CERTIFICATION:</b> I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																						
Name (Printed):_____	Title:_____																					
Signature:_____	Date:_____																					

<i>For Commission Use Only</i>		
Reception Number: _____	001-111-02-68-232-11: _____	Ref No: _____
001-111-02-68-232-01: _____	001-111-02-68-032-05: _____	001-108-01-70-232-13: _____

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250  
Web Site: [www.utc.wa.gov](http://www.utc.wa.gov) Telephone: (360) 664-1237

Turn page over

1. Washington Unified Business Identifier (UBI) No.: \_\_\_\_\_  
(If you do not know your UBI No. please contact the Department of Licensing at (360) 664-1400)

2. Current insurance company: \_\_\_\_\_

3. Insurance policy number: \_\_\_\_\_

4. Number of recordable intrastate and interstate accidents in 2007.

(please include the total recordable accidents for both intrastate and interstate passenger charter/excursion operations based in Washington.)

<b>Recordable Accidents</b> An occurrence involving a commercial vehicle on a public road in interstate or intrastate commerce that resulted in:	<b>Intrastate</b>	<b>Interstate</b>
<b>A.</b> A fatality.		
<b>B.</b> An injury to a person requiring immediate treatment away from the scene of the accident.		
<b>C.</b> Disabling damage to a vehicle, requiring it to be towed from the accident scene.		
Total number of recordable accidents		

5. Total operating miles for the year 2007:

Intrastate \_\_\_\_\_ Interstate \_\_\_\_\_  
*Intrastate: Trips that begin and end within the state of Washington.*  
*Interstate: Trips that begin or end outside the state of Washington.*

6. Did you provide charter bus operations for any Washington school districts during 2007?  
☐ Yes ☐ No

## CERTIFICATION

Under penalty of perjury, I certify that I have examined this report, I am responsible for it, and it is in all respects a true and correct statement of the business and affairs of \_\_\_\_\_ for the period January 1, 2007, through December 31, 2007.  
(company name)

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Keep a copy of the completed report for your records.

End of safety report.